

The ProActive Business Forum Confidential Application

Terms and Conditions

The material and concepts of the ProActive Business Forum ("Program") are designed to help you achieve extraordinary results. In order to assist us in maintaining the unique value you will experience as a participant in the Program, you agree to the following terms and conditions.

Fee Schedule	
Deposit	\$
Balance	\$ (paid in monthly installments of \$)

Conditions of my Application

I agree to attend the Kickoff (3.5 hours), the Strategic Planning Retreat (8.0 hours) and the 4-hour monthly program every month (48 hours) within a one-year period that begins on the date of the first session noted in my application. There is no credit for missed sessions. My enrollment is subject to qualification verification.

Helping to Protect Our Intellectual Property and Client Confidentiality

I agree that any reproduction, presentation, distribution, transmission, or commercial use of the concepts, strategies, methods, materials, and all other trademarks, copyrights, and other intellectual property owned by ProActive Leadership Institute, LLC. (ProActive) in any media, now known or hereafter invented, is prohibited without the express written permission of ProActive. I agree that I shall not use any device, now existing or here after invented, to make an audio and/or visual recording, transmission, or broadcast of any workshop session, in whole or in part.

Protecting Your Personal Information

I understand that ProActive does not rent, sell or otherwise disclose personal information about its clients to third parties, and will use its best efforts to protect my personal information against loss and unauthorized use; therefore, I release ProActive and its directors, officers, agents and employees from any liability due to disclosure or use of this information.

Some Of The Rights Reserved By ProActive

I agree that ProActive has the right to reschedule workshops and/or substitute coaches. I agree that ProActive reserves the right to decline or terminate my participation in the Program for any reason at any time.

Responsibilities For My Decisions

I understand the Program is not a substitute for the advise of any of my personal or professional advisors; therefore, I agree that all of my decisions and actions, and their consequences, are entirely my own responsibility.



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Please fax back to	Name (First and Last)	Commor	n Name	Company Name		
214.722.1156	Business Address (please no P	City				
	State	Postal/Z	ip Code	Country		
ProActive Leadership Group 740 E. Campbell Suite 900 Richardson, TX	Business Phone	Fax		Cell Phone		
75081 T: 214.325.1159	Email Address			Home Phone (Emergency use only)		
1.888.336.3735 F: 214.722.1156	Type of Business	Years Experience		Birth Date (M / D / Y)		
Email	Did someone recommend the Program to you? (If so, please provide their name above)					
resultsimproved.com	Please list any professional/trade associations to which you belong, if any.					
www.resultsimproved.com	Name of Assistant or Key Admir	nistrative Staff	Email Address	Phone Number		
	Revenue 2 years ago Reven	ue Last Year E	Est. Revenue This Year	# of Employees or Contract		
	Please List any previous leader	ship training or coa	aching programs you ha	ve participated in.		
	I currently have a laptop computer with MS Word and can bring it to the sessions: ☐ Yes ☐ No					
	*Please inform us in advance of	any specific dieta	iry needs you nave.			

MONEY BACK GUARANTEE:

Our Guarantee of Satisfaction - Your Pledge to the Process

We guarantee your satisfaction with our ProActive Business Forum sessions and coaching services.

Your monthly fees have a money back guarantee, the initial down payment is nonrefundable and there are no refunds for missed meetings.

To qualify for this guarantee, you must share in the responsibility of value received. What you derive from these sessions will depend on what you bring to the process. It is important to make a commitment to get results. With that in mind, this is not a pay as you go program but a commitment to the year of engagement for the full amount. Make the Forum dates your highest priority, be aware that 12 business owners other than yourself are involved and committed.



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Program Name:	ProActive Business Forum Date of first session
Credit Card Inf	formation:
Credit Card Number	er Expiry Date Code
	ProActive Leadership Institute, LLC to charge the credit card account number aboveas a down payment on the program.
Card Address	
Card City	Card State Card Zip
Cardholder Signatu	ıre
Yes, I	authorize ProActive to charge the monthly fee of
\$	on the first of every month through the term of the program.
By signing below, I also agree that:	certify that I have read and agreed to all the terms and conditions on the reverse, and I
(ii) the program fee	not eligible for charge backs e is for an annual commitment and not a pay as you go fee ne first session, the Program fee is not refundable or transferable, and there is no credit
X	
Signature	Date